



1861.]

Measles in the Military Camps.

241

of the external manipulation, we may safely infer, that a presentation of the face, which would terminate with the chin under the pubes, may be prevented by similar treatment, when the brow presents, and the occiput can be felt above the brim on the same side with an oblique uterus.

DR. ALFRED C. POST then read the report of the Committee on Military Surgery, which had been previously presented to the Surgical Section of the Academy, which was adopted, and referred to the Council for publication.

The meeting was then adjourned.

STATED MEETING, SEPT. 18, 1861. DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

(Reported by GEORGE F. SHRADY, M.D.)

DR. H. S. HEWITT was elected a member of the Academy.

DR. JOHN WATSON remarked that statements had appeared repeatedly in the public papers to the effect that measles prevailed to an alarming extent in the several military camps. He had seen no scientific confirmation of the fact, and had taken the opportunity of asking the members concerning it. It seemed to him that if such reports were true, the disease should also attack the community generally; this, however, as far as he was aware, was not the case.

DR. VANDERVOORT stated that several genuine cases of measles occurring in the First Maine Regiment had been admitted into the N. Y. Hospital.

DR. GARDNER supposed that measles was more prevalent in regiments from the rural districts, for the reason that the men were not as much exposed to the contagion during early life as those in large cities. In small villages, when measles occurred, the cases were kept isolated and the progress of the disease was stayed, while under the same circumstances, in a large city, it became an epidemic, as was the case last year.

DR. WATSON suggested that the Corresponding Secretary of the Sanitary Commission be asked to furnish to the Academy reliable statements in relation to the actual character of the disease which was so prevailing in the several camps.

After a discussion, entered into by Drs. Watson, Richards, Post, and Gardner, it was finally agreed that a committee of three should be appointed to correspond with the several members of the Academy, now in camp, in relation to the subject. The committee consists of Drs. John Watson, A. C. Post, and A. K. Gardner.

The question of reissuing the resolution, adopted on Jan. 16, 1861, prohibiting the proceedings of the Academy from being
BULLETIN N. Y. A. M.—VOL. I., NO. 16.—SEPT., 1861.

published in the daily papers, was then brought up, and, on motion, was laid on the table.

There being no other business before the meeting, the Academy then adjourned.

STATED MEETING, Oct. 2, 1861. JAMES ANDERSON, M.D., PRESIDENT, IN THE CHAIR.

(Reported by GEORGE F. SHRADY, M.D.)

DR. PARIGOT read (by permission) a paper on

MORAL INSANITY IN RELATION TO CRIMINAL ACTS.

OUR desire being to investigate some forensic difficulties bearing upon philosophical desiderata concerning volition, and wishing also to demonstrate the absolute necessity of a coexistence of physical and psychical signs to decide on the real mental state of persons either supposed to be insane or simulating insanity, may it be permitted to state the general principles of our opinion.

The divine law which regulates our intercourse with humanity and even with all nature, is given to us in two words of the Christian faith—Love and Charity. These words contain the substance and qualities of the best human justice.* Some philosophers have considered justice as a sort of mystical idea; we believe it to be simply a function of our conscience—the source of our rights and duties in social order. Every man feels that his conscience has been made the seat of that eternal principle by which the universe is regulated—Justice. Therefore is it, that justice is not only found in books of laws made by nations differing in religion, manners, and habits; but that it exists as a peculiar feeling of our soul which enables man in every part of the globe to judge of the absolute value of his acts.

Man is only complete when conscientious. Then only moral liberty is one of his attributes, and it is clear that he is responsible when he has been able to choose between right and wrong; else liberty could not be said to be a power enabling us to act or abstain in spite of known motives. None of us is doomed to fatality; necessity and autonomy are the result of our double nature. Spontaneity always surpasses our material instincts.

The general consequences of these rules are for insane persons.

1st. That love and charity require the best means to cure their disease; in fact, being unable to help themselves, we are obliged actively to do for them what we would desire to be done for us.

* The ancient Greek philosophers of the school of Socrates, and especially that great man, have shown, first, that justice was regulated by unwritten laws of a moral nature inspired by the divinity.

2d. That insane people ought never to be punished for offences or crimes committed under the influence of their malady.

For the public, the result of the above rules is a social right to prevent such crimes from being repeated by persons subject to mental disorders.

If conscience distinguishes us in the whole creation, it must be, nevertheless, observed, that it is more by sensibility of feeling than by intellectual supremacy that man generally understands what he has to do in society. In this respect, insanity only begins when a person is no more fit to live completely free, because he has lost the *common sense* on which social order is founded. We have, on several occasions, tried to establish that the insane are very rarely bereft of the whole of that sensibility of feelings, and that in consequence a peculiar family life, under a certain amount of personal and social liberty, with a real therapeutical treatment, was the best and cheapest means of cure.* At all events, we are ready to admit that when a lunatic retains some moral notions, it is more by a sort of reflex action of an anterior and past state of conscience than by its actual capacity.

In some writings, we have defined the human mind to be the manifestation or outward evidence of the soul by organic and vital agency; thus mind can be understood to be subject to the material conditions of life.

Reason and morality are terms much employed in courts of justice. Medically, they imply the liberty of conscience and the sanity of its material instruments, at least so far as these last should not be entirely unfit for their functions. But activity is very little spoken of, not only in courts of justice, but even at this moment (September, 1861), when school education is the subject of much public advertisement, we read in public papers of the problem for educators to solve, namely, "how properly to mingle the true training of the intellectual faculties, the moral sensibilities, and physical powers," while not a word is said about teaching the youth *how to act* in the most important circumstances of *public and private life*.

We will see further that volition has been denied to be a faculty, and that its pathology has almost been forgotten—and much more, that although the proper basis of legal philosophy, it has been little studied by jurists.

For our present object, morality is the justification of every man's conduct, and depends on the nature of his volition. On the contrary, immorality designates a want of regard for justice, with a knowledge of offending against written and moral laws; and this latter condition constitutes the malice of the offender. Now, a lunatic has no regard for justice, because his conscience is

* A very few maniacs and diastrophical subjects must be held temporarily in confinement on account of the aggressive form of their disease.

absent or darkened, and his malice, when he has employed any, is but the reflection of his anterior state of mind.

When there is no free will or possibility of choice, we are able to pronounce that volition is vitiated in its essence. Human activity no more exists, and has disappeared with conscience. Now the doctrines of some ancient and modern philosophers agree on the existence of an active principle of the soul. The Greeks admitted the *νοῦς*, but recognised at the same time the *Θυμός* as an active power of the mind. Thus volition has, at least, been known as a peculiar function and certainly the most important, as having its origin in the great principle of spontaneity and activity.* Religious and civil power has made it its corner-stone to judge our actions, for it is clear that in order to obey the laws of God and men, we must be able to *choose* between what is called right and wrong; for it is insufficient to know and distinguish good from evil, if our will cannot sanction our judgment.

The difference between the sensitive faculty—the intellectual power on one side, and volition on the other side—is easy to detect. For instance, we are not responsible for our thoughts, feelings, and sensations. The most absurd ideas may form themselves in our imagination, we are not answerable for them, they concern our understanding and are *subjective*, we reject them at pleasure; but it is not the same with volition, formed entirely under a process similar to that of our ideas, although not identical. We are responsible for its result because there is an *objective* relation that binds us to the external world, and that it imposes upon us moral obligations.

We are responsible 1st, When we are conscious or in possession of ourselves (*sui compos*); 2d, When the act is premeditated with a known and adequate motive, and when the immediate result is foreseen; 3d, When the act, after being judged good or

* There is some diversity of opinion on this subject. A few writers think that volition is only the result of an *increased desire*; that understanding and feelings may come to a passionate state or activity (all this is not very clear). It is on that account, says Dr. Flemming, in his otherwise excellent work (*Pathologie und Therapie der Psychosen*, 1859), that physiology has renounced to search for a particular organ of volition, but has tried to find the instruments transmitting the influxes of the brain to the excito motor system; but further, page 33, of the same work, he concludes by the remark that volition has not been recognised as a faculty of our mind.

It is useless to say that generally authors do not partake of that opinion. Our late friend, the celebrated Gueslain, was of a different opinion, and Dr. Baillarger recognises in our volition a great part of our mental faculties. Here are the words he employed before the French Academy: "La volonté peut à l'état sain, se saisir de nos capacités et nous faire méditer, puis la volonté exaltée peut conduire à l'extase; ou bien la volonté peut laisser errer ou vagabonder notre intelligence et nous conduire à la rêverie."

The recent theory of Mr. Bain, who attributes all our motives of action originally to chance, the pleasant being continued, and the useless rejected, appears inadmissible to us.

bad, is resolved to be put in practice; and 4th, When execution has accomplished the intended purpose.*

Without entering into metaphysical explanation of the origin of a diseased volition, it is easy to admit that if the mind be deranged either by exaltation, depression, or perversion of one or more of our faculties, the effect of that state will be to deprive us of our free will and moral liberty.

An insane person says sometimes, "*I know I did wrong but could not help it, because at the moment I was obliged to do it.*" Now, that shows that some process of volition,† quite independent of the understanding, has been vitiated. In general, it may be said that there exists a *chasm* or *abyss* between intelligence and morbid volition.

We think four divisions might include all criminal acts and offences committed by the insane.

1st. Cases in which a lunatic is under a general delusion.

2d. Cases in which the insane person is rational on every subject but on his particular delusion.

3rd. Cases in which the insane have no more thought, feeling, or will.

4th. Cases in which the lunatic possesses his understanding, knows his diseased state of mind even to a moment before a sudden attack, or, after the fit is over, when he gives account of his infirmity.

In the course of this paper, the second and fourth divisions are only concerned.‡

A momentary loss of reason, an intellectual error of short duration, has little or no effect on the mind. But when error is protracted, it may in certain cases trouble and pervert the intellectual power, the will and instincts; so may grief, terror, and other feelings act on our mind. Even when error, mania, or folly are imitated a long time by criminals (sometimes during months for nights and days), real insanity may strike the miserable feigner.

In these cases error and vice have evidently a morbid and material action on the brain and nervous system; it will bring forth new altered moral and physiological symptoms, and at last a special

* (In lege Cornelia) Consilium enim unius cujusque, non factum, puniendum est; dolus pro facto accipitur—l'intention est réputée pour le fait—is not applicable in this case. An insane person, having no free will, has no intention.

† Mr. Billod in a memoir inserted in the tenth volume of the *Annales Medico-psychologiques*, page 23, gives the following analysis of volition:

"Trois ordres d'éléments constituent la volonté—

"1e. *Ordre*.—Génération de la volonté; Génération des motifs; Délibération; Conséquence de la délibération, ou détermination; Aperception ou connaissance de la volition.

"2e. *Ordre*.—Vouloir.

"3e. *Ordre*.—Exécuter."

‡ Maniacs may and very often do act very improperly, but it is the consequence of a delusion. Demented are generally perfect automates; just as if everybody else but themselves had the power to direct their acts.

insanity will declare itself; the difficulty is to ascertain the transient periods. In order to do it, we should know the organism of the brain, the laws of its phenomena, and how the brain becomes incapable of mental exercise.

Medico-psychological science has answered some of these difficult questions, or established the impossibility of penetrating the nature of these laws. At all events it has been thought that the best solution could only be given by medical investigation. But in the course of things, it was found that a very learned, respectable, and powerful body of men, who make pure philosophy and law their special object of study, have interfered, assuming that they knew better how to solve difficulties relating to judicial matters on insanity. In fact, that body has in many countries almost exclusively had the advantage of making the laws in legislative assemblies. Now, if the study of the human frame and functions have something to do with insanity (and it is pretty clear it has), lawyers and pure philosophers ought to resign their pretensions. It has led to innumerable errors and mistakes, as we shall prove; but they are unwilling to do so, because they think insanity to be a moral infirmity and not a real corporeal disease.

In judicial courts, lawyers often find fault with physicians, and give them to understand that they do not know the meaning and bearing of laws.

Monet arcanis oculos removeere profanos.

Certainly, in its abstract notion, law must be considered perfect and obeyed until amended or abolished on account of its deficiencies; but, in spite of that, physicians are bound by their consciences and by justice to show in what these laws oppose natural facts, and they will continue to do their duty.

Laws on insanity were made when insufficient notions did not permit legislators to master their subject; and to-day, it is said, with severity and justice, that some of these laws are unjust, that they lead to the grossest mistakes, if not sometimes to judicial crimes! In no country that we know of, are the proper means of ascertaining insanity at all adapted to the actual state of science. And it is painful to say, that, in spite of the efforts of learned and renowned physicians, unhappy lunatics have suffered the extreme penalty. On these melancholy occasions, nothing could avail against absurd prejudices of public opinion, and the cruel and sometimes shameless interference of newspapers, when human justice was trying and ascertaining its doubtful course.

Among a great number of false notions, resulting partly from ignorance and inappropriate laws and rules, some principles are here noted. I do not know whether my observation is completely applicable to this state, but I maintain it for European states.

1st. That several diseases, as *melancholy*, *epilepsia*, and *dystrephia* (diseased will), are not mentioned in any code of laws.

2d. The pretension of some courts that there should exist a legal insanity to be determined as such without or against the opinion of physicians.

3d. The pretensions held by jurists in general, that the mind should be susceptible of a disease which the body should not share (some medical men entertain and support that false notion).

4th. That a dispossession of a faculty is no proof of insanity.

5th. That, notwithstanding an insane person committed a wrong act, while laboring under the idea that he was redressing a supposed grievance or injury, or under the impression of obtaining some public or private benefit, he is liable to punishment.

6th. That a jury of laymen (not medical) should be allowed to decide the sanity or insanity of a person.

7th. That a jury of laymen (not medical) should decide whether a party had or not a sufficient degree of reason to know that he was doing or acting something wrong.

8th. That the presence of a delusion having no positive and clear connexion with an alleged crime is no evidence of lunacy.

9th. That acts considered in their nature and their mode of execution bear no character or sign of the existence of insanity.

10th. That eccentricity, imbecility, waywardness, are never signs of insanity.

11th. That monomania has no connexion with mental disease.

12th. That monomania (if considered as a partial insanity) does not absolve the offender.

13th. That the state of insanity must be permanent to admit irresponsibility.

14th. That the terms employed in the French and Belgian code of laws concerning the specification of insanity are defective, and insufficient in the actual state of science.*

15th. The pretension that moral insanity should not be a mental disease.

16th. The admission of medical certificates for law purposes when they give no description of the moral and physical symptoms of the disease. (The necessity of their description in moral insanity is evident, and their absence must also be noted in certificates proving the simulation of a mental disease.)

We must confess it, there exists between medical men and lawyers a remarkable spirit of opposition (an infirmity we should perhaps ourselves renounce first!) Why it should be so, is difficult to say; but regarding the medical profession itself, we should, or ought to, come to an understanding when there is some judicial and medical difficulty to solve, and never to enter the witness-box with a prejudiced mind in favor of the party who has called us in. Science must be our only object and supreme law!

Unhappily, men living by liberal professions are sometimes disposed, on account perhaps of material necessity, to jealousy and opposition, the effect of which in courts of justice must necessarily throw ridicule on them; but what is worse for the administration of justice is, that learned judges, ingenious barristers, and medical

* Dr. De Castelnau, in his recent work, *Remarques physiologiques et légales sur l'interaction*, has shown that the French laws concerning the interdiction of civil rights are contrary both to CIVILIZATION AND EQUITY.

officers are very often at variance because they do not admit the same definitions of terms, especially in cases of moral insanity. A confusion may also arise out of the different value given to words as out of the loose employment of them. The consequences of such a state of things are often to be deplored. The jury and courts having not understood the real state of the case, judgments have been rendered for which the defendant, right or wrong, might as well have tossed up for the verdict.

One of the objects of the present paper is to try to dispel some obscurity concerning the diagnosis of moral insanity, including homicidal, suicidal, and impulsive mania and monomania, in which moral faculties are said to be affected.

What is the pathological meaning of moral insanity? Dr. Pritchard says that it is a disorder, the symptoms of which are only displayed in the state of feeling, affections, temper, and in the *habits and conduct* of the individual, or in the exercise of those mental faculties which are termed the *active* and moral powers of the mind. This definition shows that it principally concerns the faculty of *willing, choosing*—in a word, the self-government of man is in his acts. Eminent and celebrated American medical authorities entertain the same opinion. Dr. Ray adopts this definition, and Dr. Beck says that besides the impulse to murder, there is also included an irresistible impulse to commit injury or do mischief of all kinds. Here, then, the full *perversion* of volition and natural instincts are clearly defined by men whose authority is recognised in the scientific world. If we want more evidence on the nature and fatal disposition of mind and will, let us read the excellent paper in the *American Journal of Insanity* (January, 1861), on the *involuntary confessions*. Drs. Bucknill and Tuke, in their work on psychological medicine, certainly the best written lately, say that the diagnosis of moral insanity is of the utmost importance and often of the utmost difficulty; but they think that physical symptoms, standing by themselves, are of little importance in the diagnosis of insanity. We do not at all admit this proposition, and will prove just the reverse, and show the necessity of their presence both in *moral insanity* and in the *simulation* of it, in order to detect the reality of both cases.

All authors admit now that any trouble, exaltation, depression, abolition, or perversion of any of our mental faculties, is always attended by some derangement of the bodily functions; the question is only whether the acute or chronic bodily affection is special to each mental derangement? We believe it to be so, and will apply this rule to the most difficult case of insanity. We intend to establish what is necessary for a good evidence before a court of justice. Of course there will be cases more or less doubtful, but it is a general rule that we try to find for practical purposes. In fact, the study of forensic medicine and its wonderful progress, are, in a certain measure, the result of cases which attracted great notoriety. The perusal of these trials is of great

importance for our studies. Now, relating to moral insanity, it may be seen that a great number of the accused were in a very extraordinary mental condition, the *unity* of their mind being almost destroyed since they were in a struggle, trying to collect their ideas and feelings to master morbid impulses! Now, this state is not taken into consideration. In almost each trial in which insanity is the plea of defence, the prosecution maintains that such a disease does not exist, and brings forth examples and books in its favor. Lawyers not being able to distinguish the disease by its symptoms, pretend that criminals are all, more or less, *morally insane*—*id est, wicked, dissolute, and perverted*; on the other side, the defence has often resorted to the plea of insanity as a remaining chance of acquittal. Now, physicians also moved by a desire to wrest from the scaffold some prisoner that appeared to them more deprived of reason than malicious and wicked, have gone too far in their philanthropic feelings; they have interposed and exposed their authority where they had no business to interfere; if we do, it must be with clear proofs and science decidedly on our side. We submit further a measure to be taken regarding medical reports, which measure, we believe, would do away with our autocratic power of making certificates unsupported by real science. We are convinced that the reaction of courts and lawyers against our profession, is, in a great measure, owing to our pretension to dispense life and liberty under the protection of our diplomas. If we have been sometimes unjust, it has been repaid to us with accumulated interest. I believe that there is no court in the world that has not had cases of moral insanity to try. How have we been treated there? When well-meaning physicians did venture to explain the special nature of certain cases, they were each time mystified; their scientific explanation was quibbled or dissected with metaphysical subtlety, and the *savant* that tried to preach to a sceptical audience, was laughed at, if not rudely turned out of the forum. It may be read in Dr. Winslow's journal, that in a court of England, the late Lord Campbell said to three learned physicians: "*You may go home to your patients and be more usefully employed there than you have been here.*" Again, another learned judge said: "*That his experience taught him there were very few cases of insanity in which any good came from the examination of medical witnesses; their evidence sometimes adorned a case, and gave rise to very agreeable and interesting scientific discussion; but after all, it had little or no weight with a jury!*"

We might report other such examples of curious opinions given by learned judges sitting on their bench of justice to confirm what we advanced about the pretensions of jurists concerning medical science, but it is unnecessary; a time will come when there will be a real understanding among learned men, wishing only to vindicate truth.

In spite of many discussions, held in academies and medical

societies, doubts on the theory of moral insanity have been entertained. The reason of it may lie in the fact that if one considers moral insanity from the point of view of its flagrant attacks on society; if, at the same time, the false criterion of knowing right from wrong has been employed as a test for insanity, then the logical inference is, that such acts must be repressed and their perpetrators punished. But the case is much different if physical and mental symptoms agree to indicate a disease of the brain. From that point of view, the offender, at the moment he committed crime, had no power to control his will, nor to choose right from wrong. That man was insane, because he could not dominate a morbid impulse any more than an epileptic can escape one of his fits. For us, we consider such an offender, under the real influence of mental ailment, as insane as the most demented of his fellow sufferers!

Another difficulty for laymen to understand such cases may be the origin of moral insanity. Physical and vital causes are understood and admitted by them, but in the case of a pure moral causation, the link with a physical change in the organism of the brain is not so easily detected, and it requires even a good deal of observation and practice in lunacy to be aware of it.

Even some very learned alienists do not admit these explanations concerning the material side of the question. Relating to moral insanity, Dr. Delasiauve, the distinguished physician of Bicêtre, contends that monomania is a disease of the *sentimental* order, in which feelings, affections, and instincts are diseased. Not only physical signs are here omitted, but human volition, although the greatest function of our conscience, is forgotten, and that mistake appears to be owing to the idea of psychologists that volition yields more easily to feeling and emotion than to judgment and reason, with which it appears to them to have less affinity, as in the case of the influence of passions on moral conduct. But we say that volition may be primarily affected, and will show that the two words *moral* and *insanity* joined together have nothing to do with sentiments, since the acts of an insane person may be immoral although having no relation whatever to his moral feelings or affections.

Aberration of feelings, emotions, and understanding is only incidental in cases of moral insanity; hence the origin of all the conflicting names of *mania sine delirio*, *folie raisonnée*, *Gemüthskrankheiten*, *moral insanity*, *impulsive insanity*, and all the numberless monomanias.

The confusion resulting from a pure psychological misunderstanding must have had a bad influence on the opinion of jurists about the real principles of medicine. They doubted that there was a real morbid state called moral insanity, and were unwilling to declare irresponsible the lunatics that were neither *idiots*, *maniacs*, nor *demented*.

Unfortunately some physicians supported, in some measure,

these views on partial insanity or monomania. They maintained that—"Partial delirium and passions cannot be mistaken one for another on account of the morbid line that separates them; that the insane are not responsible when delusion is evident; that also a presumed criminal is not responsible when his mono-delirium, although limited, is the motive of his crime; but when, on the contrary, the motive of the act *does not relate* to his peculiar delusion, it remains to the judges to appreciate in what degree the influence of a partial delusion may diminish his responsibility." We believe this to be a false doctrine, because the unity and solidarity of the mind is put at stake, and the appreciation of a medical case is left to the arbitrary opinion of judges, in every other way very competent, but absolutely unacquainted with the numerous forms of insanity.

Let us remark, that Esquirol found very little difference between reason and insanity, in point of a psychical form. He says that the difference to be found in a madhouse and society in general, was only in a *more accentuated shade* of mad ideas, errors, and passions. Now, also, metaphysics finds almost no line that separates reason and madness. Lelut, a celebrated member of the French Institute, says—"That in its beginning insanity is still reason, just as reason is already madness. For the moral or sentimental sphere, it begins by excessive irritability and sensibility; then appear strange desires, perverted inclinations, &c. For the intellectual sphere, that predisposition to insanity consists in want of attention which leads to absence of mind, giving to the person an appearance of insensibility to external impressions; then a vicious association of feelings and ideas produces irregularity and discrepancies in words and phrases, or a too rapid association of ideas brings on confusion of speech, incoherence of ideas, and unintelligible ellipses of thought. At last, the symptoms of madness show themselves in false judgments, determinations, and *acts*, opposed to social order and morality." This is the opinion of two celebrated alienists, and it will show the truth of our proposition. Well, if there is no psychical demarcation between reason and madness, why not have recourse to the physical ones? They must be inscribed in our pathology, let us only take the trouble to find them. Morally and physically we must compare the actual state of an individual with his previous state of mind and body, then all those differences become very evident, and form a true line of demarcation.

When there was no pathological ground to ascertain a mental disease, it was very natural to exclude physicians from courts where they could apparently be of no use; "What," said an attorney for the crown, "a so-called monomaniac pleads guilty, he knows what he has done, he was aware of the penalty, he knows even the law which forbids such a crime, and now, physicians pretend that such a man is not guilty!" The answer in such similar cases ought to be:—If it is proved by the history of the case

that there was no adequate motive, if the perpetrator of the crime was not in possession of his free will, if anamnestic evidence is in his favor, and physical signs of insanity do exist—that man is of unsound mind, and no penal law can be applied to him without offending the laws of humanity.*

Many jurists and some physicians, unable to find a rule to ascertain insanity, ask the following questions: What is free will? Where are its limits? Can a man master his volition while he is in a violent passion? If he loses his free will, is that man accountable for his crime?

We offer this answer to all these propositions.

First, It is quite useless to search for an explanation of the nature of free will; its practical condition concerns only insanity. We think human liberty or free will ought to be considered as being a moral power that each of us may acquire by means laid down in his conscience so as to free his mind, as much as possible, of its material conditions; certainly that power is not acquired *equally*, and we do not reach all the same degree of freedom. Some, under painful circumstances, remain more subject to necessity and its material laws than others, who, favored by education or special gifts, become more autonomic. Thus, free will is not an absolute power, and has not the limits asked for in the above questions. Therefore also men are not equally guilty or deserving punishment before the law. Circumstances speak for or against them. Free will cannot have degrees of perfection or imperfection in an insane person, because that very state excludes the possibility of raising or entertaining that moral power. How can we require the application of a thing the source of which is extinct? Why, it is that very material condition (in its worst failure) that deprives that man of the means of enjoying liberty. Raving passion, hatred, anger, animal and selfish inclinations do not destroy our liberty. Instantaneous madness may happen, but it is rare. In this case latent symptoms may not have been discovered, that is all; but in all other cases decision has always preceded action, and our conscience has approved our motives. This is so true that many criminals have confessed to have been obliged to get themselves under the influence of liquor to carry out their plans. In this case drunkenness is no more an excuse than any passion, because free will was purposely diminished or oppressed.

In insanity, on account of a material condition of the mind, free will does no more exist, and that condition must be medically ascertained to give a right to irresponsibility. The argument often employed in courts, that some monomaniacs have more or less liberty, for which they may be compared with criminals, is the

* In our opinion, that person, even cured, ought never to be left free from the control of somebody able to judge of his mental state. Several cases have shown the danger to society of letting loose these unfortunates that were considered cured and harmless. See the case of Dr. James Pownall.

greatest possible error. It has often been asked of physicians, if they had studied criminality or observed criminals. Some, not knowing the bearing of the question, answered, perhaps from fear to be entangled in some metaphysical net, *We have not!* But the truth is, that there exists no affinity whatever between criminals and insane. The question is *to be or not to be*. Certainly criminals are liable to become insane, and idiots and imbeciles are often met with in prisons, but as far as conscience is concerned, they cannot be compared. Take for instance the case of a lunatic who regrets an evil action committed in a paroxysm of his disease. The symptoms, the intermittent or remittent nature of his attacks, the torture it often causes to his mind, are evident proof of his pathological state. In a word, all phenomena of the mind must correspond to physiological facts, and these are either normal or pathological.

In order to obviate the difficulty arising from the absence of mental symptoms in moral insanity, we have proposed to give a peculiar name to that type of disease which manifests itself only in acts and general conduct.* I have named *Diastrephia* a morbid state of the human will and instincts; the word is taken from *διαστρεφω*—in a general sense, to pervert.

In our estimation, *Diastrephia* has the same relation to an act that *delusion* has to a thought. They are two equal terms indicating the error and guile of an insane person, relating the first to his actions, and the second to his ideas. Actions are much more important than thoughts, and that is the reason why, if a sort of algebraical equation was made, the terms could not be inverted; no more than logic and grammar allows to say the *delirium of an act*, meaning its folly or insanity. Thus *diastrephia* must be considered as a special perversion only applicable to volition and instincts. We think that authors by this distinction would be able to classify better this sort of infirmity; and under the same title all cases of moral insanity and monomania might be naturally assembled.

From this special point of view, insanity considered in its true objective relation, furnishes us with a definition for forensic practice. It is no more to be said to be a total or partial deprivation of the power of reasoning and distinguishing right from wrong; it can no more be, as our celebrated Guislain used to say, an emotional trouble, neither a disease of our perceptive faculties with loss of judgment; all these phenomena are good characteristics of certain cases, but not of all. For us, it is: The loss of power of control† either over one or more of our mental faculties, including especially the absence of free will, demonstrated by moral and physiological symptoms.

In a medical point of view—it is: an idiopathic or sympathetic

* Des diastrephies de la volonté et des instincts au point de vue criminel. Par le Dr. Parigot. Bruxelles, 1856.

† Tableau analytique des maladies mentales. Par le Dr. Parigot. Gaad, 1856.

disease of the brain which opposes the physiological and psychological functions of that organ.

Considering the administrative power which has the charge to preserve peace and security, insanity begins only when a patient endangers the community or his own life and property.*

We do not attempt a complete definition; it has been tried in vain to essentialize the nature of disease. We must content ourselves to know that there are points where material and spiritual phenomena join together, and are dependent on each other. Dynamical theories never will help us out of that obscurity. What we are certain of, considering mixed phenomena, is, that if vitality and materialism confine itself to the conservation of our individual and species, if to fulfil these animal functions, nature employs sometimes brutal force and violence, we know also as physicians, that intellectual life, by a contrary law to fatalism, tends to enlarge our horizon, and to generalize the egotistical principle of our existence by applying even the rules concerning individualism to a larger circle of our fellow creatures; mind in its natural expansion becomes more free and apt to love and charity. Finally, with religious teaching, it enables us to enter regions of spiritual life entirely imperceptible to our natural and material senses; then free will acquires the sufficient power to break our servitude.

Always and everywhere—fatality, brutal force, and slavery must give way to intelligence, charity, and liberty!

From this we must conclude that mutual reactions do exist between soul, life, and matter, and that it is in these reactions that we are to look for the proper means to ameliorate our natural dispositions, and cure our mental infirmities.

A curious fact is that everybody thinks himself competent to judge of the sanity of another. People say, *That man is crazy*; just as they would say, seeing a man falling from a certain height, *That will be a surgical case!* But let us ask, is that vulgar appreciation sufficient for scientific and forensic purposes? Is a simple affirmation of two physicians saying that a man is insane, or their certificate stating that he is of unsound mind, sufficient for a court to deprive that man of his liberty? We believe not. There is no doubt, in a retrospective point of view, that if mental diseases had been accurately described, if physicians had not contented themselves, and magistrates been satisfied, with a line assuming, *ex virtute officii*, that a man was insane without joining a full description of the symptoms observed, many errors, injustices, and miseries would have been spared.

We do not pretend to say that this sort of authentic demon-

* A patient, although not dangerous, ought, for his own sake, to be placed under treatment out of the circumstances in which his mental infirmity began, and momentarily separated from his family. Cases have been seen in which the sympathies or consanguinity in a family, where an insane was kept, has been the cause of a sort of contagion of that terrible infirmity.

stration is always easy, or that the physician will attain without difficulties his object in courts. At all events, when he gives his opinion in relation to the life and property of individuals, his office is of the highest character and value; the importance of his function must elevate his soul and mind above all private interest.

In difficult cases there may exist doubts as to the existence of a real disease. Supposing the cause of it to be vice or an irregular life, it requires a certain time before passions can inflict a derangement of mental functions, and a change in our tissues. The power of unbridled passion is of a slow effect on the brain, but meanwhile a crime has been committed. Then comes the question: When does passion or vice make us insane? or, where is the line or boundary of insanity and madness in a corrupted conscience? As we have seen, each case requires a special caution to determine it; but the physician, relying on the unequivocal signs of material symptoms of a mental disease, will settle the case to the satisfaction of his conscience and to that of the public.

Certainly there is for any one of us a line or moral boundary never to pass. Every man must be careful of his weak side. Education should have for one of its objects to fortify our will in order to make up for gifts which we may want. Not only is this true, but the brain must be gradually trained to certain exercises. For instance, let us suppose that a man of ordinary abilities would, from the plough, begin, and assiduously prosecute high and profound studies. He will soon feel premonitory symptoms of over-exertion and fatigue of his intellectual powers; if he continues his foolish task, he will perhaps very soon say that some light from heaven has enlightened his spirit, and the man becomes a furious maniac. The so-bitterly criticised theory of one of the most celebrated alienists, Dr. Moreau de Tours, who pretends that madness is often the result of an over-activity of the brain, is justified in this case; and when he advances that if vital force accumulates, one of its results must be either a great energy of function or an aberration or malady of that organ, that learned physician is certainly right. It is in this sense that Dr. Moreau sees an affinity between genius and madness. His antagonist, Mr. Flourens, though a man of great merit, is, I fear, a bad judge on the value of these questions, since the learned Perpetual Secretary of the Institute of France has proved, in a small compilation entitled *Essai physique sur la folie*, that he had never given much attention to that special subject of medicine.

As insanity cannot exist without a certain form of external disease, and bodily health is incompatible with a mental infirmity, moral insanity or diastrophia, being a disease of body and mind, presents in the several phases or stadia the following mental and physiological symptoms.*

* This paper having for its object to determine a practical means of diagnosis of diastrophia, the writer thinks it not necessary to discuss whether the symptoms

Generally patients are different in manners, ideas, feelings, and even language from what they were before; no delirium or delusion is sometimes at all perceptible. In some cases, bad habits, customs, or indulgences are more frequent, and become notorious. After a certain time has elapsed since the premonitory symptoms, patients become incapable of serious occupations; their will is impaired, their power of control lost, and instincts let loose; then appear sudden and irresistible unaccountable eccentricities and whims, want of change and constant motion, etc. It is in this period that sometimes delusions or a mono-delirium may appear, but it is rare.

It has been noticed that some patients take pleasure in telling stories, and in deceiving people; otherwise they are not loquacious, but then the moral infirmity takes more ground; there exist often hardness of heart, selfishness, and bad feelings. From that state they become profoundly melancholic.

If the character of the disease augments, still the propensity of doing harm turns to an impulse of committing an atrocious crime—the patient is dull and appears indifferent, though secretly he has a delight in preparing some evil action. Sometimes he makes allusions to his intended purpose, but bystanders having no conception of what he means, give no attention to it. If crimes are committed, their mode or circumstances are peculiar; when detected, ready admission of the facts, however scandalous or horrible they may be. Absence of grief or remorse. In all these cases, letters and memoirs are of the greatest value to ascertain the mental condition of the writer. Much cunning and false reports is their general feature.

Diastrophia may have a milder course, and present rather an intermittent or remittent series of fits; some have them several times a day, others every month. I have had a patient who remained sometimes one year free from any attack. During the lucid intervals they offer no sign of insanity, but after the fit, patients say they have suffered the most excruciating pains in the head and body. Dipsomanias employ then much art in preventing people from remonstrating. For instance, they will feel offended, being *gentlemen or gentlewomen*, by being told that they were found dead drunk in some sewer of a street; their disease makes them powerless against a fresh attack, etc., etc. Some regret what they have done, and beg to be taken care of when their attack approaches.

No physician denies at present the solidarity of *innervation, sanguification, and nutrition*; and we may conclude to the necessity of intimate relation of these functions with those of the brain. For instance, any long process of *enervation* produced by here described have a constant and exclusive relation to the several forms of that disease. Inattentive observers are apt to believe that some mental diseases are destitute of physical symptoms, and that insanity leaves no trace in the brain, which has been proved to be a double error.

bad solitary habits will operate a change in the mental organism, just as any deviation of nutrition will produce a morbid diathesis. Who would to-day maintain that a psychical or mental lesion can exist exclusive of any morbid reaction of the body? Nobody the least acquainted with facts would maintain such an impossibility. Presumption alone will hold against evidence that a function may be disordered and its organism undisturbed. Why, logic shows that such a fact is impossible, and if such a point was denied, diastrophia cases might remain subjects of interminable and useless discussion between philosophers, lawyers, and physicians.

Our conviction on this subject may perhaps make us appear to overrate the value of physical symptoms, but we must declare that it is their *coexistence* with mental aberration that gives them the advantages upon which we insist.

Now, what we say of diastrophia is applicable to cases of simulation of insanity. Let the part of a feigner be played as well as possible, emotions would be difficult, but somatical symptoms would be still more difficult, if not impossible, to imitate. Supposing even that a simulator could impose upon a skilful physician, the result of his game would very probably be *real insanity*, a curious and forgotten form of insanity, with which I intend to occupy later the Academy, wishing only for the present to state that it is a direct proof of the power of ideas and will on our bodily structure.

Among the physical signs of moral insanity that I am going to mention, one of the most important is the existence of a morbid action on the brain. Pain is reported by the patient to exist in different parts of the head; other bodily symptoms depend upon the reaction of the brain; they present various features that we are going to describe, but the *ensemble* of which strikes at first sight the practical observer.

According to the excellent observations of Dr. Billod,* there exists sometimes a curious interruption of volition on the muscular system. In spite of the patient, his limbs cannot obey his purpose; the functions of the cerebro-spinal system are altered in another way than in epilepsy, where the limbs are agitated by convulsive action, but they are also out of the command of volition. Patients complain often of pain in the limbs, muscular tremor, and spasm of voluntary muscles.

The functions of the sympathetic are also troubled; irregular innervation of arteries and veins produces latent disorders and inconveniences; there is an irregular visceral and capillary circulation which affects the nutrition and bears an external character.

Patients are emaciated, they feel a general heaviness over the whole body. Their complexion is sallow, their skin harsh; their emanation has a peculiar smell. Patients are sometimes feverish, the heat of the skin increased, the pulse frequent, the tongue

* Loc. cit. vol. x. *Annales Méd. Psychol.*

farred and the bowels almost permanently confined; they rest very little during the night; want to lie down often in the day. In cases connected with melancholia, there is a deficient sensibility of the peripheral ramification of nerves producing anæsthesia.

Generally there is an expression of pain in the features and appearance; the physiognomy is dull and scarce of kind feelings; it shows rather indifference or selfishness; the face is pallid; the stare is not vacant but uncertain; sometimes the eyes wander about; and there is tremulous movement of both eyes when the patient fixes them on any one. Squinting may exist, but is rare; the pupils are sometimes irregularly contracted, which is a bad sign. When there is irritation, the pupil is *contracted*; in congestion, without irritation, it is *dilated*. The non-contraction indicates a loss of sensibility of the whole nervous system. In many cases there is a peculiar look, indicating shrewdness and a disposition to do mischief; this sign is more apparent when fits are near.

Patients are often occupied by an absorbing thought or by a passion. They announce strange desires or perverted appetites. In this case they keep alone as much as possible. Generally, their movements are sudden, quick, but without aim. Sometimes they will move round in a room with head and body bent downwards until some rash determination seems to overtake them.

In diastrepia the digestive functions are almost always out of order. Gastralgic pain and a voracious appetite are often met. Palpitation of heart accompanies dyspepsia, and augments the sufferings. In general, complications may arise from essential local diseases, as uterine affections, gout, and rheumatism. Some patients, of a neuropathic disposition, are perfect hypochondriacs with hallucinations, perversion of feelings and of instincts. Some, in spite of a suicidal propensity, are constantly occupied with their health and comfort. They ask continually for medicines; are afraid of doing something wrong concerning their welfare. But by a sudden impulse at a favorable occasion they will commit suicide.

When patients are interrogated on the motive of their conduct, or asked why they committed certain deeds, some cannot give a reason or account for it. Others say it was an impulse, a powerful desire and so forth,* and some patients answer all questions with much accuracy and adroitness. Generally, they are exceedingly cunning in avoiding explanation. To inattentive observers nothing appears to be wanting in some others, although they may be suddenly overtaken by a fit of frenzy; many times they ask to be secured lest they should commit a crime.

We have seen one patient who wanted only to be under the

* Diastrepia being a primary morbid phenomenon, I do not apply that name to the insane person who says, for instance: "I heard a voice saying *murder that man*," or "*throw thyself from the window*," I consider them as merely hallucinated persons. Some patients refuse to eat, to dress, and, in these cases the will is not primarily affected, but the feelings or the judgment.

guard of somebody, even of a child. In the free-air colony of Gheel, many cases proved the singular influence of a purely moral restraint.

A man who had resided in that village, in the family of a small farmer, had never committed the slightest offence, although under the influence of diastrophia in its worst form. I often visited him, he was sometimes alone or under the guard of the children, the parents being at work in adjoining fields. Some people of his birth-place (another village), having reported that this patient was cured, because no insanity could be found in his *talking*, and that he wished to go home, a medical report was required, and notwithstanding its conclusion, the administrative authority set him at liberty. He went home, but the man let loose to his propensities to murder; killed his wife, in order, as he said, *to cook her feet*, and being disturbed in his horrible meal, he killed also the man that had accidentally called at his house.

It is certainly remarkable that in the free-air system, insane people may be better trusted to themselves under a distant watch or a slight moral restraint, and that under these circumstances they are less tempted to yield to morbid impulses than otherwise. In a population of a thousand free lunatics, the great number of moral insanity cases is quite sufficient to guarantee the efficacy of the system.

When sudden attacks come on, the physiognomy of patients takes a different aspect; the face becomes colored, the eyes are brilliant, the language violent and sometimes unintelligible. If not dangerous, they must be left alone. When the crisis is over, they resume their former sullen appearance.

Some authors have reported that lunatics experienced in these cases a sensation of burning in some part of the body that spreads over by degrees, and arriving at the brain caused a momentaneous furor, something like an epileptic fit. Now I find a great analogy between the two diseases. They pass also the one into the other, as in the following case:

A young man, who during eight years had suffered from violent epileptic fits, was since two years free from them, but had become subject to fits of diastrophia. He wanted then to kill somebody; but feeling an attack coming on, he cried often *dear mother, be off, or I must kill you!* The attack being over he said—now, you may untie me, *I have suffered much, but I am happy that no harm happened.**

Diastrophia, if not cured in its early period, ends generally in dementia and general paralysis, the symptoms of which run often

* The particular state of an epileptic after the fit is over, is well known to practitioners. Furor, hallucination is sometimes their consequence for several days; but what is very remarkable, and very much like the cases of diastrophia, is the spontaneity of aggression of patients even on the persons they had an affection for. Several physicians connected with asylums have been victims of the spontaneous furor of epileptics.

into each other. That disease is more frequent than is thought. Authors give long accounts of it, but under another denomination; for instance, all the cases cited in Bucknill and Tuke's manual from page 178 to 220, under the head of *emotional insanity*, with one exception of erotomania, are pure diastrophia cases.

All the symptoms that we have enumerated are not seen at first sight, they require time and leisure to be detected. It is not to be expected that a physician, suddenly called in a court of justice, would be able to ascertain their presence in a first examination. Days, and even months, may be necessary. The only and best mode to study difficult cases, is to have the so-called insane person sent to an asylum. In Europe, judges and attorneys for the crown have their own medical officers, or *medecinlegistes*, who generally have no practical knowledge of insanity. The defence of a committed offender tries to find physicians who will do their best for the defendant. Each party comes then to fight a battle of words, in which field truth and justice must often run great risk. It appears to us that many of these difficulties might be avoided by the nomination of a medical board or special jury which should report on these cases. If pathognomonic signs of insanity were not evident, the accused might be sent before a jury to take his trial; but if the jury reported insanity, the patient should at king's or people's pleasure be confined in an asylum, and when considered cured, remain under the care of some person, lest a new attack should be the cause of new accidents.

The necessity of a fixed rule by which medical officers should be under obligation to specify the moral and physical signs of insanity in their *affidavits* is evident. The numberless difficulties arising from summary legal reports, and the dangers resulting from it to individual liberty and property, threaten every one. In civil law suits concerning the suspension of civil rights, the validity of public transactions, or that of wills, it is often necessary to examine medical certificates concerning a past period of the life of a person; but if those certificates or documents are defective or incomplete on account of some general statement giving no details or description of the mental and physical state, they cannot be of any use. In criminal prosecution it is sometimes necessary to know whether insanity existed at a certain period; sometimes proofs may be found in certificates showing that an ancient disease existed, or that some parents or ancestors of the accused party were afflicted with an hereditary complaint.

During a long practice we have never met with a case of insanity in which the physical signs and mental symptoms were equally wanting, so that I am convinced that there exists no reason to make summary certificates on such important questions as that of the liberty of individuals. By scientific description of mental affections, the bar will recognise our rights to be real judges in these cases; but now, how is it possible for jurists to form an opinion on the value of our diagnosis, when, instead of a scientific descrip-

tion, we invent names for almost each curious case. We hear of *mania criminosa, lacerans, errabunda, sylvestris, saltans, furi-bonda*; then come the numberless monomaniæ, *pyro-klepto-dipso-drapeto*—"religious, ambitious, loquacious, ambulatory monomania, &c.

The forensic difficulty about the nature of the mono- and polymania is also to be considered; the supporters of the theory of the independence of each faculty consider the mind as a compound of attributes. Their opponents say that the mind is but a whole or unity, and that it cannot be partially deranged; there may be a prominent idea in the same way that a peculiar aberration of the will may exist, but only as a symptom of a general disease. How, again, can lawyers understand our conflicting theories?

Supposing physicians had to examine a man who pleads insanity, they might, overlooking the faculty of volition and the symptoms of its derangement, declare that man perfectly sane (such a case has happened many times); they would be in opposition to those who consider volition as one of the most essential faculties. The supporters of the theory of the *oneness* of mind will declare unsound the same individual that supporters of monomania would declare liable to be punished because his offence had no relation with his special delusion! Dr. Falret, some time ago, said to the Academy of Medicine of Paris, that he defied any one to show him a single case of monomania without a general disease of mind and body. But the greatest difficulty appears in discerning a moral insanity or diastrephia in its incipient stage, when general functions are little deranged. Speaking of analogous cases, Dr. Marc relates that a French judge said to him—"If monomania be a disease, it ought, when it proceeds to capital crimes, to be cured on the *Place de Grèves*"—*id est*, by the guillotine. This cruel proposition, although repugnant, has something true; not the punishment, but the necessity of preventing such a crime by an early medical attendance, and even by repressive means.

There is no doubt that the plea of monomania has been sometimes an expedient to screen criminals, and that it has been carried to ridiculous assumptions. Eccentricity has also been employed as a means of falsely arguing the charge of insanity, with a design to deprive persons of their fortune; but eccentricity, in many cases, is only a form of spontaneity and freedom of mind, and therefore easy to distinguish from real symptoms of insanity. Such a theory would be extremely dangerous in countries like this, where the sphere of activity is thrown open to private energy; in fact, according to the learned Dr. Woodward, of Massachusetts, one fourth at least of the lunatics committed as such by courts, belonged strictly to the class of disease caused by over-excited activity.

Now in the premonitory stage of diastrephia, medical assistance

will be of the greatest assistance. As the eminent Dr. Forbes Winslow says in his last work on the *Obscure Diseases of the Brain*: "It is precisely the time when medical aid is the most capable of being beneficial, but unfortunately, the golden opportunity is too often neglected; diseased action is allowed to proceed unchecked until diseased organization has taken place and the patient has become incurable." Therefore, it becomes the private physician of a family to watch attentively the first appearance of diastrophia; a few appropriate medicines in case of congestion or an anæmic condition of the brain, some dietetic means, and even moral redress, change of occupation, travelling, &c., will check any progress of such a disease.

One difficult point remains to be elucidated concerning incipient cases of diastrophia, or rather, concerning the period of its prodromes; the question is this:

When ought vice and immorality to be considered the proximate cause and only motive of a reprehensible act? When ought it to be considered as the result of a diseased brain?

Now, if a crime be committed in the first prodromic stage of diastrophia by a man who is immoral, it is difficult to ascertain whether that line or boundary between self-possession and insanity has been passed or not. We would propose that, if pathological symptoms cannot be traced clearly, if, at the same time, psychological signs are doubtful on account of the identity of cause and its results, no medical man should give his evidence in favor of insanity. It is to human justice to know whether there is sufficient cause to diminish the punishment.

In the course of this paper, we have tried to keep clear of a confusion about the unsoundness of moral sense, widely different from that unsoundness of mind which is the result of a pathological condition of the brain. Physicians have no wish to impose ambiguities by which juries or public opinion should be bewildered; their difference of opinion depends only from the nature of doubtful cases.

On my arrival at Sing Sing, I was kindly lent a book on the case of the late broker, Charles Huntington, and through the influence of a most distinguished and deserving physician, Dr. Fisher, residing in that village, I was introduced to the convict in the state prison.

While reading the case, it appeared to me, that either the subject had been a lunatic afflicted with a special deficiency of moral sense, but with great instinctive cunning and abilities to deceive, or that he was a lunatic under the influence of diastrophia. After my visit to the prison, I came to the conclusion that Huntington was not, and had not been completely insane, though many facts showed that he was in the process of becoming so.

After a few words exchanged, the convict himself declared that in his opinion he had never been properly insane, though he had felt something wrong in his head until two years since; up to that

period, he would have counterfeited any man's signature. He added, that his habit of forging had come to a degree, that to get his *own money* out of a bank he would have rather employed a forged paper!

Being, of course, a perfect stranger to all parties who appeared in this trial, the opinion I venture is free from prejudice and only liable to errors of my own.

It appears that in the state of New York, it is a jury that decides upon cases of insanity in civil and criminal cases, when the plea of insanity is brought forward. The law of the state, as explained in the case of Huntington, does not admit moral insanity as an excuse for responsibility! Partial insanity or monomania would not absolve the party unless it wholly deprived the patient of the power to distinguish right from wrong! We have already objected to such absurd and worn-out jurisprudence; but, whatever the law may be, by another mistake, the jury is omnipotent in scientific difficulties, because by its verdict, the jury may either absolve without explanation, or condemn without the slightest light on the scientific question. Now, I believe the jury was accidentally right in finding Huntington guilty, although some doubts might have been entertained on his real state of mind. In this point of the trial, I am convinced of the good reasons brought by the honorable medical witnesses to establish their opinion. Both these physicians, to the honor of our profession, have shown their profound knowledge and aptitude to discuss the most difficult points of philosophy and medicine, but the whole of their examination shows how much physical symptoms were wanted to guarantee their opinion. It was with a certain anxiety that, reading the case, we searched for the moment when the doctors, pressed by a clever lawyer of the prosecution, would have reached their firm ground—*pathology*; but we found that the few morbid symptoms were not sufficient either to impress a jury and the court, or to offer solid arguments to the defence. However, the whole appearance of the case, its general feature leads to the admission of a *prodromic stage of diastrophia*.

Huntington's conduct, actions, and health, from a boy up to the time of his trial for forgery, bear the characteristic of some hereditary disposition to insanity; his diseases when a child might have had a depressive influence on his conscience, and later his temperament and propensities could hardly be checked by mixing in the commercial world with speculators in stock-jobbing. In prison, he was found indifferent to his situation when accused of a capital offence! His appreciation was certainly defective. Now, was he simulating insanity when the prisoner maintained that he never intended injuring people? Still he found in forgeries the means of gathering enormous sums of money, of which he spent a great part in self-gratification!

Huntington said to us that it was a *desire that came over him*,

and nothing in the world would have prevented him from forgery ; that his sleep had always been very short, but that since two years he slept better.

The learned counsel for the defence explained the curious circumstances of carelessness of his client. Huntington had made no arrangements to escape or prevent his arrest, &c.

Then the able advocate of the accused put several questions to the physicians.

1st. Whether, in their opinion, the defendant was sane or insane when the forgeries were committed ?

2d. If insane, what was the nature and character of that insanity ?

It was answered, that it might be possible all might take place as the result, of almost unparalleled recklessness, but that from personal examination and also from the testimony heard, they would say that those actions were actions of an insane man.

This answer appears unsatisfactory, because it admits almost the possibility of recklessness, and does not point out the morbid nature of the acts ; the testimony about Huntington's conduct could not supply the wanted symptoms of an actual state of insanity. The mental state of Huntington was the first object—his actions were only consequences to be examined afterwards.

Cross-examined by the advocate of the prosecution, one of the medical witnesses was asked this question : " Upon what the prisoner said to you and from what you judged from his appearance, would you pronounce him of unsound mind, from your examination of him and from his appearance ? "

The question is direct, and points to the vital knot of the case. Besides, the lawyer shuts all issues by repeating that the source of information must be personal examination of the prisoner.

The answer was : Not by his appearance, but from my examination of him I should.

Physical symptoms are here almost abandoned as of no value. However, the same physician said further, that the expression of the face of Huntington was not that of a villain, but that of an insane man.

This was a general statement, and might have served if a description had followed ; then the jury and court might have been convinced.

Now, the advocate of the prosecution very adroitly asked the doctor to explain : What was the disease of his *physical organization* which prevented him from *resisting the tendency* to commit forgery ? It was a quibble, but the lawyer knew the weak side of a jury, and was certain of being victorious if he could prevent the physician from giving a satisfactory answer.

The physician honestly confessed that he could not give the pathological anatomy of the case ! The suit was lost. It was useless to say to a jury, that Huntington had certain symptoms indicative of congestion of the vessels of that part of the brain that furnishes

the nerve to the eye ; that he complained of a steady pain in the head ; that he could not sleep, and that his head felt as if there were trip-hammers beating in it. The advocate insisted perpetually upon knowing the relation of physical alteration of the brain to a moral perversity of the mind by repeating his question: What urges the patient to forge paper?

It was very likely a necessity of the situation, because the learned lawyer would not have purposely laid a sort of trap for his respected and intimate friend, as he called the doctor in his exordium. Why, that unqualified question might have misled a less capable and learned physician to invent some new theory and name for an impulse to forge papers to more than half a million of dollars.

I maintain that the question was improper before a jury who had no scientific character, because it had nothing special to do with the trial, since it was a question of primary causality in our moral nature and in a *modus operandi* of anatomy.

Another physician, also a learned professor in a medical school, explained with great accuracy, why he did not believe in the existence of monomania. He thought that Huntington was insane, because his intellectual and moral nature, as well as his propensities, were diseased. The honorable witness stated, that in this case no delusion nor hallucination existed, but only *moral* insanity; that Huntington in his moral obliquity would perhaps in the West have committed criminal acts attended by violence, but that having *satisfied himself* that Huntington was insane, he thought it unsafe to say or foretell what an insane person might be inclined to do.

I sincerely regret that the learned professor did not add objective proofs to his own conviction.

Although the verdict was, I believe, a just and right one, will it not appear injudicious that a jury of laymen should have to appreciate a scientific discussion on medicine led by clever but artful gentlemen of the bar?

With reference to the knot offered to the jury to solve, the honorable gentlemen, full of practical good sense, may have very well said among themselves, that, balancing the moral account of the broker, and finding him guilty in his dealings, they could very well neglect the question of his doubtful insanity.

I conclude this paper by submitting to the Academy the following propositions:

1st, That the disease called *moral insanity*, is but an affection of the faculty of volition and instincts attended by physiological symptoms.

2d, That the name of moral insanity is defective because it bears no relation to the cause, symptoms, and results of that disease; and that it misleads the opinion of the bar concerning crimes committed under its influence.

3d, That the laws and rules concerning insanity relating to

civil or criminal cases, ought to be put in accordance with the actual state of medical science.

4th, That no person ought to be considered as being of unsound mind if physiological and mental signs cannot be traced and ascertained.

5th, That a reform concerning medical certificates is necessary to insure regularity in obtaining from courts or judges orders to detain a person as insane, and that no such document be admitted unless containing: 1st, All the symptoms, whether anamnestic, physical, physiological, and mental, concerning the case; 2d, The diagnosis and prognosis of the observed disease.

Now, until a reform be made, we should ask liberty to say to legislators and jurists of this and other countries: *Si habetis corpus, nos habemus animam.*

SING-SING, Sept. 1861.

DR. D. TILDEN BROWN, of Bloomingdale Lunatic Asylum, being asked for the experience of his views upon the subject, stated that the law of the state in relation to insanity was, he believed, all that could be desired when the state of public intelligence was taken into account. The physician, as a witness, was left entirely untrammelled by every other consideration save that for his love of truth and science. He considered this to be one of the excellences of the law that no technicalities were insisted upon, but the physician was left to declare whether the prisoner was insane or not in the broad acceptance of the term; leaving out of consideration all those points which specified any particular state of mental disease. Different views were taken of the subject in different states, which was accounted for by the degree of mental culture of the community. In New England, when the question of insanity was mooted, jurists and physicians take up the subject *con amore*, and very frequently the prisoner dies in jail before any conclusion is arrived at. In New Jersey a very different state of public opinion existed, the matter in some cases had been very summarily settled by the exclusion of all testimony relating to insanity until after the man was hung. In regard to New York, he thought the whole subject was adapted to the condition of the public mind, and thought it useless for medical men to attempt to suggest laws which will be in advance of the age. In conclusion he expressed a strong desire to hear the opinion of Ex-judge Edmonds upon that point.

EX-JUDGE EDMONDS being accordingly invited to offer some remarks, stated that the subject of insanity was one to which he had paid particular attention for a number of years. He had the question brought up before him frequently during the six or eight years he occupied the bench, and, indeed, the very first case that he tried was one of this sort, and it was only after a very considerable effort that the man was prevented from being sacrificed to

the popular prejudice. He agreed with Dr. Brown, that it would not do to press the matter too fast, and run beyond the capacities of those who constitute our legislatures and our juries. One fault of the learned paper he thought was due to the fact that the author took one trial as the exposition of the law of the State; this was an error, inasmuch as the decision given at that time never had any authority with jurists. In his first case in 1845, his opinions of the doctrine of moral insanity were fully set forth, and he took occasion at that time to say that the progress of the law lagged behind the advance of science. The opinion, as then given, was published in the first volume of the *American Journal of Insanity*, and was commented upon by Dr. Brigham with his usual earnestness and ability. The soundness of the doctrine had been questioned by judges, but still it was gradually forcing itself upon the attention of the educated and intelligent of the profession, as an instance of which he referred to the corroboration of such views by David S. Dickinson, Judge Whiting, David Graham, and others. It appeared to him that the principle maintained in the paper, that moral insanity must necessarily be attended with some physical signs, could not be carried out practically. Moral insanity in his opinion was a perversion of the mind unattended with any external physical symptoms.

I knew a young man, continued he, who lived in Utica, who in all his domestic relations in life was perfectly sane, but who had an insane desire to fire buildings, and when left alone would indulge in the propensity. He was finally sent to the Lunatic Asylum, where I saw him. In his conversation he seemed perfectly sane, without the slightest physical symptom that was manifest.

Another case that happened under his observation occurred in a woman confined in Sing Sing. She was 24 years of age, well educated, and very much of a lady, had a large income, and belonged to a very respectable family in Scotland. Early in life she had shown a disposition to steal, and in order to save the family from disgrace, was sent away from home. She came over to this city, and one day she went into a shop and stole some rings, which she afterwards confessed to the policeman she did not want, but had taken them simply because the propensity to lay hands on them was absolutely irresistible. Yet notwithstanding all these evidences of moral insanity, she was in every respect in perfect health. There was another point in relation to the general subject which he wished to call attention to, and that had reference to the change that had recently been made in the laws of the state which compelled the subsequent confinement in an asylum of all who had by reason of insanity been found not guilty. By this means, the community were properly protected, while at the same time the unfortunate lunatic was properly cared for, and probably cured. He also referred to another important change in the laws of the state, which consisted in the fact that when a plea of insanity was offered, the presumption was in favor of

the prisoner, whereas formerly the exact opposite was the case.

In conclusion, he stated his willingness to discuss other points contained in the paper after it was printed, and he should have sufficient opportunity to read it over carefully.

DR. GILMAN being invited to take the floor, stated that he had listened to the speech of Judge Edmonds with great satisfaction, and was very glad to hear from such testimony that the enlightened opinions with reference to the question of moral insanity were gaining ground. In regard to the Huntington trial, he stated that the judge declared that the state of New York did not know of any such thing as moral insanity. He also alluded in the same connexion to the fact that a year had not yet passed over our heads since an insane man escaping from the asylum was arrested, tried, convicted of murder, and hung in an acute paroxysm of mania. *He was in a state of acute mania at the time he went to the gallows!*

He expressed a hope that the suggestions of Dr. Brown and Judge Edmonds in relation to any changes in the laws of the state would be respected.

DR. PARIGOT considered moral insanity as a disease which of necessity must be manifested by symptoms.

DR. WATSON thought that the difference of opinion which existed between Dr. Parigot and the Judge was more apparent than real. Dr. Parigot referred not to physical but physiological symptoms, and so far as he had gone, Dr. W. thought that his ideas were capable of being sustained. It was a true physiological disease, and yet there were no physical signs capable of showing to us anything that we could distinguish as disease. He believed authorities took the ground that there might be disturbance of the mind without any corresponding lesion in the brain, or that at least the lesion may be so delicate as to be only manifest by action.

DR. GRISCOM expressed a hope that the Academy would put itself in possession of the valuable paper of Dr. Parigot, and accordingly moved that the paper be referred to the council with power. Dr. Griscom also offered the following resolution:—

Resolved, That a Committee of five, of whom the President shall be one, be appointed to co-operate with the New York Sanitary Association, in endeavoring to obtain a reformation in the laws pertaining to the Public Health of this City, and in their administration.

The following Committee was accordingly appointed: Drs. A. C. Post; J. H. Griscom; James M. Minor; J. C. Hutchison, Stephen Smith, and James Anderson.

The Academy then adjourned.

STATED MEETING, OCT. 16, 1861. DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

(Reported by GEORGE F. SHRADY, M.D.)

A LETTER was received from Dr. S. C. Foster, asking for a postponement of the annual address to be delivered by him.

On motion of Dr. Detmold, it was agreed that the address should go by default.

DR. A. K. GARDNER presented specimens of Ricord's compound capsules of copaiba from Mr. Queru, with the following communication, which, on motion of Dr. Finnell, was referred to the section on *Materia Medica*.

To the New York Academy of Medicine:—

I desire to call the attention of the New York Academy of Medicine, and the medical profession at large, to the subjoined new method of administering the balsam of copaiba, and to submit for their consideration samples of capsules prepared by me, after the recipe of Dr. Ricord, as published in the *France Médicale* of the 11th of January, 1861.

The formula is as follows:

R.	Pure balsam of copaiba,	2,700	grammes.
	Norwegian tar, . . .	200	"
	Neutral pepsine, . . .	600	"
	Sub-azotate of bismuth,	120	"
	Calcined magnesia, . .	180	"
		<hr/>	
	Grammes, . .	3,800	
	M. S. A. for 6,000 capsules.		

Dr. Ricord says that he obtained the most desirable results from the use of these capsules.

1st. The tonic action of the tar aiding the anti-blennorrhagic properties of the balsam of copaiba, and, at the same time, the proportion of tar in these capsules produces a singular result—it completely covers the odor and taste of the balsam of copaiba, and *vice versa*, the taste and odor of the tar are so attenuated as to be scarcely traceable. By this adjunct eructations and nausea are obviated.

2d. By associating the balsam of copaiba with pepsine and sub-nitrate of bismuth, the drastic properties of the balsam and the disorder which it conveys to the digestive organs are annihilated.

I need not remind the Academy of the therapeutic properties of pepsine and sub-nitrate of bismuth, and of their happy results in cases of dyspepsia and recent or chronic gastralgias.

The superiority of these capsules over the ordinary ones are, then :

- 1st. They produce no cruetation and no nausea ;
- 2d. Do not affect the digestive organs ; and
- 3d. Do not neutralize the cathartic or drastic properties of the balsam of copaiva.

Very respectfully yours,
E. QUERU, 92 William st.

NEW YORK, Oct. 16, 1861.

OF DEAF MUTES THAT TALK.

DR. DETMOLD then made the following remarks: I have long since intended to call the attention of this body to some interesting facts with regard to deaf mutes. Every physician who has examined children, especially young ones, will be aware of the difficulty in such an examination, how easy it is to deceive ourselves ; how anxious the parents and friends are to deceive themselves ; and the result is, that not unfrequently children reach the age of eight or ten years before it is positively ascertained that they are deaf mutes. It has been my lot very lately to see a child between ten and eleven years of age who was considered partly idiotic by a very respectable physician, and upon examination I found that the patient was simply a deaf mute. The ordinary attempts to find out such cases are very apt to fail, and it requires some little ingenuity to prevent mistakes. The great difficulty seems to be that the children have *talked*, and I have never yet, among a large number that I have seen, met with a single case of deaf mutism that has not talked ; and that is a point to which I wish to refer. If physicians will pay attention to it, and ask the mother of the deaf mute child, did the child talk ? the mother will always say that her child has said some words, but they are invariably the same. All deaf mute children, I assert—I do not believe that there is an exception—at least I have not seen one, have said, “mamma” and “papa.” At first when I made this observation it somewhat staggered me. The parents and physicians thought that the child, having spoken, must talk, and that some late occurrence, for instance, scarlet fever, had interfered with the hearing. But upon reviewing the cases, and finding children all saying the same thing, I looked for another solution of the question, and I think I have found it. We know that speech may be carried on in two different ways ; also one ordinary way in which children learn to speak is, if I may express myself so, by *experiment* ; the child hears a sound and tries to imitate it, he keeps on until he has succeeded, and then he begins to speak. But there is another way that I might, as an antithesis, call *theoretical*, and that is best illustrated by the new method by which the deaf mutes are taught in Europe actually to articulate.



On the continent there are now schools for deaf mutes, where they learn to speak in the following manner: Starting with the principle that speech is brought about by the action of certain muscles, the deaf mutes are taught to train their muscles by imitation, and speech, as a matter of course, will follow. The teacher, therefore, stands with his neck bare before the deaf mute, and shows the motions of the muscles of the throat and lips in such a way as that they can be imitated. It is an established fact that articulation is taught in the schools in Germany, and some years ago there were a number of teachers sent from here to Europe to investigate the matter, and although it had no great practical result, yet it had a scientific value in explaining why deaf mutes can talk.

Now if you look to what they have said, you will find, as I have before remarked, that the same words are used in every case, and these are altogether labial sounds; sounds which are produced altogether by the motions which the child has seen and learned. "Mamma" and "papa" are the sounds which the mother takes special pains in the beginning to teach the child. The child, in its turn, being cut off from hearing, that most important means of communicating with the outer world, has a very acute observation, sees the mother making those motions, he imitates them, and finding the mother pleased with his efforts, at last is able to articulate the words. When, however, the mother ceases to teach the child in that way, and when it becomes more attentive to other motions, he forgets his first lessons.

Let me add another remark, which is not without interest, and that is, I have found that in all languages, no matter whether civilized or savage, in all tribes, and in all nations, the relationship of parent to child is expressed by simple labial sounds similar to "mamma" and "papa." There is no nation which expresses such a relationship by a guttural sound, or by any other sound which is not easily imitated.

THE CURE OF FACIAL PARALYSIS BY DIVISION OF ANTAGONISTIC MUSCLES.

DR. DETMOLD also made some remarks concerning one or two minor operations which he had performed.

Case 1.—In the Mexican war a man was shot through the mouth, and the ball passed through the hard palate and made its exit right behind the ear, lacerating the facial nerve, and producing paralysis on that side. Among the most important and troublesome symptoms following this paralysis, was the non-closure of the eyelids from the inactivity of the orbicularis muscle. The eye was kept wide open constantly night and day; it missed the wink of the lids by which it was cleared from dust and made moist, and the cornea, consequently, becoming dry and vascular,

the eyesight was getting rapidly destroyed. As there was no chance of acting upon a paralysed muscle, I proceeded to give the patient relief in another way. I simply divided the levator of the upper lid. I entered the orbit, divided the superior palpebral muscle just below the superciliary ridge, and cut down until I came upon the extension of the levator of the upper lid, which of course is the antagonistic muscle of the orbicularis. I divided that muscle, thereby putting the two on a par. The lid dropped, and was after that controlled by the frontal muscle, and followed the motion of the other side. The cornea afterwards became clear, and the man was entirely relieved of his trouble.

Case 2.—Another similar operation which I performed upon the face was upon a young lady who is now the wife of a distinguished member of our profession. She had in early infancy an ulceration which involved the facial nerve, or at least several of its branches, causing paralysis of one side of the face, the consequence of which was that the mouth was drawn entirely over to the other side. She had grown up in the belief that she could never be relieved. By some chance she came under my care, and in attempting an operation for her benefit, I proceeded in the same manner as in the other case. As there was no chance of doing anything for the paralysed side, I addressed myself to the opposite side. I turned out the lips, upper and lower, and made a circular incision just outside of the orbicularis, and dissected and divided the two zygomatic muscles at their points of attachment in the orbicularis. I divided, at the angle of the mouth, the attachment of the buccinator, and below I divided the triangularis of the chin, so as to detach all the muscles from the lip. The result of the operation was exceedingly gratifying. The face became straight; the parts, however, soon after relapsed into their former condition, and the operation was repeated. Her difficulty again returned, though with nothing like the deformity which had previously existed. I intended to repeat the operation, but a hemorrhage from the lungs hindered its performance. I am confident that a third or fourth repetition of the operation would be attended with the desired result.

HYDROCELE OF CORD.

DR. A. K. GARDNER next related three cases of hydrocele of the cord in children.

The first patient was about two years old, and while sleeping in bed with another child, his companion pinched his scrotum. The result was that when the child was brought to the doctor, there was a large swelling upon one side of the scrotum, which appeared very much like hernia. Dr. G. examined it very carefully, and finally discovered that it was a hydrocele; having at that time the advice of Dr. David Rodgers, it was discovered to